

DEPARTMENT OF THE ARMY SUPPLY BULLETIN

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## **CHAPTER 1. INFORMATION REGARDING SB 8-75 SERIES FOR 2007**

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### **1-1. DA SB 8-75 SERIES OVERVIEW**

a. Introduction. The Department of the Army (DA) SB 8-75 Series provides U.S. Army organizations, installations, and activities, both Continental United States (CONUS) and Outside Continental United States (OCONUS), with technical and medical materiel information relating to the mission, processes, and functions of military medical logistics.

b. Distribution.

(1) Paper Copy. The DA SB 8-75 Series is distributed to Army Activities currently on the distribution list IAW *DA PAM 25-30* (Consolidated Index of Army Publications and Blank Forms). Activities are responsible for distribution within their respective activity. To be added to distribution, contact the U. S. Army Publishing Directorate, Alexandria, VA, at the Internet address: <http://www.apd.army.mil>

(2) Electronic Version. Electronic publishing is the preferred method for Army documents. The DA SB 8-75 Series (Army Medical Department Supply Information) now has a valuable timesaving link available to the SB 8-75 series. That link allows a printable copy from the proponent's website. For electronic access to the SB 8-75 Series contact the U.S. Army Medical Materiel Agency (USAMMA) at the following Internet address:

<http://www.usamma.army.mil/USAMMA>

(3) As the 2007 editions are printed, the 2006 editions are deleted.

c. USAMMA Point of Contact (POC). For additional information regarding the SB 8-75 series contact the Technical Editor, USAMMA, MCMR-MMA, DSN 343-4313 or 301-619-4313.

d. The U. S. Army Publishing Directorate (USAPD) – formerly known as the U.S. Army Publishing Agency (USAPA) - has established a link to access recent issues of the Army SB 8-75 Series. Links are available from the:

USAPD Homepage [<http://www.apd.army.mil>] and from the

USAMMA Homepage [<http://www.usamma.army.mil/USAMMA>] allowing you these important benefits:

(1) Reduction in paper. Access the websites and make distribution from the downloadable, electronic file.

(2) Real time availability. No longer do you have to await the arrival of your hard copy publication distributed by 'snail mail'. Just log onto the US Army Publishing Directorate or the USAMMA Homepage and 'jump' to the pubs.

If you wish to receive the SB 8-75 Series by hardcopy, distribution is by pinpoint through your Publications Officer or the Adjutant's office. Otherwise, to access the SB 8-75 Series via computer, use either the USAPD or USAMMA Homepage websites.

SB 8-75 Series	This Publications page allows you to: Read online versions of the desired publication (first column), or download it and save it to your local/network drive.
<b>ONLINE:</b> Reading the SB 8-75 Series publications.	Locate the desired SB 8-75 Series issue in the left column to: Either look up an article of information contained in a specific SB 8-75 issue, or to print just the information you need.
<b>DOWNLOADING:</b> For the SB 8-75 Series publications:	Locate the desired SB 8-75 Series issue in the right column to: Obtain an electronic copy for your archives, printout, and/or distribute the SB 8-75 Series issue in its entirety.

## 1-2. CONTENT AND NUMBERING SYSTEM FOR THE DA SB 8-75 SERIES

a. Introduction. The DA SB 8-75 series is published monthly beginning in January of each year and ending with November. There are 11 editions published every year and 12 editions when the *SB 8-75-MEDCASE* is published every other year. The next edition of the *SB 8-75-MECASE* is scheduled in 2008.

b. Each edition of the SB 8-75 series is for specific logistical areas of interest as indicated below:

SB 8-75-S1	<b>January:</b> Annual Overview for Current Year
SB 8-75-S2	<b>February:</b> Materiel Equipment Information (Maintenance)
SB 8-75-MEDCASE	<b>March:</b> Information specific to MEDCASE program (Not an annual issue)
SB 8-75-S3	<b>March:</b> QA/QC Information/Anthrax
SB 8-75-S4	<b>April:</b> TOE/Field Medical Logistics/ Vaccines
SB 8-75-S5	<b>May:</b> Materiel Acquisition and Technology /Cataloging / Unit Assemblage (UA)-related information
SB 8-75-S6	<b>June:</b> USAMMA Maintenance Items (Depots Information)
SB 8-75-S7	<b>July:</b> Centralized Pharmaceutical Mfg. Info / APS / SLEP
SB 8-75-S8	<b>August:</b> Supportability Information (Maintenance Depots)
SB 8-75-S9	<b>September:</b> Book Sets - Medical TOE Unit
SB 8-75-S10	<b>October:</b> U.S. Army National Guard Bureau
SB 8-75-11	<b>November:</b> Updates to <i>AR 40-61</i> / Updates to previous issues for 2007

## 1-3. RECISION OF SB 8-75 ISSUES

Every SB 8-75 issue remains in effect until superseded by a replacement issue, regardless of the date published. This *DA SB 8-75-S1*, dated 20 January 2007 supersedes the 2006 edition.

**1-4. THE USAMMA CD-ROM IS AVAILABLE**

a. At the USAMMA we take great pride in providing medical logistics information to the logistics community. We created a registration page on our website where you can request the CDROM via email.

b. Please take the time to register for the CDROM on our website. Go to the address below to order:

<http://www.usamma.army.mil/USAMMA-CDROM/cdrom-order.html/>

## CHAPTER 2. SUPPORT FOR CLASS VIII MEDICAL MATERIEL

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### 2-1. ARMY MEDICAL LOGISTICS (MEDLOG) OVERVIEW

a. To better appreciate the Army MEDLOG it is important to understand the different perspectives surrounding our commodity. One viewpoint of MEDLOG may differ from another depending on variables such as logistical support for field medicine versus Medical Treatment Facilities (MTF), wholesale supply versus retail supply, acquisition logistics versus operational logistics. The following information discusses the definition, characteristics, organizations and functions associated with Army MEDLOG.

b. Logistics is defined in many areas that apply to the MEDLOG:

(1) In lay terms, logistics is the science of planning, organizing and managing activities that provide goods or services. An expanded definition includes implementing the acquisition and use of resources necessary to sustain the operation of a system. Generally, logistics considers supply, maintenance, transportation, facilities, services, and related information systems functions.

(2) According to the *DOD Dictionary*, logistics is the science of planning and carrying out the movement and maintenance of Forces. In its most comprehensive sense, those aspects of military operations which deal with:

- ◆ Design and development, acquisition, storage, movement;
- ◆ Distribution, maintenance, evacuation, and disposition of materiel;
- ◆ Movement, evacuation, and hospitalization of personnel;
- ◆ Acquisition or construction, maintenance, operation;
- ◆ Disposition of facilities; and
- ◆ Acquisition or furnishing of services.

(3) MEDLOG within the AMEDD is a subset of Army logistics. Therefore, Army MEDLOG operates within HQDA DCSLOG policy and guidance. At the same time, MEDLOG is a discipline of a larger and fully integrated Military Health System (MHS) that supports the healthcare delivery mission throughout the DOD during peacetime and wartime.

c. MEDLOG, often referred to as Supply Class VIII (SC VIII), has the following attributes/characteristics:

- ◆ Focus on the needs of the patient and provider;
- ◆ Reliance on commercial sources and business practices;
- ◆ Non-standard products (versus military-unique);
- ◆ Potency dating and special handling requirements;
- ◆ Differing expectations based on varying missions, clinician preference, and Service focus;
- ◆ High-dollar value; and
- ◆ Susceptibility to rapid changes in technology and practices.

d. The organizations and functions of the Army MEDLOG integrate with Army and defense logistics and distribution practices from the factory to foxhole. Several

MEDLOG domains exist and are described in the following paragraphs with examples of the types of organizations and primary functions.

(1) IN THE COMBAT HEALTH LOGISTICS (TACTICAL) AREA, MEDLOG relates to field logistics as an integral part of the Army's combat health support. MEDLOG functions at this level include:

- ◆ SC VIII
- ◆ Medical equipment maintenance
- ◆ Blood storage and distribution, and
- ◆ Optical fabrication.

Examples of MEDLOG organizations are:

- ◆ Medical logistics battalions,
- ◆ Companies and detachments,
- ◆ Combat support hospitals, and
- ◆ The Medical Logistics Management Center.

(2) MTF HEALTHCARE LOGISTICS (RETAIL). MEDLOG at the Regional Medical Commands focuses on management, readiness support, and economics. At the fixed treatment facilities retail MEDLOG functions include:

- ◆ Inventory management
- ◆ Biomedical maintenance
- ◆ Facilities management
- ◆ Contracting
- ◆ Property management
- ◆ Other services

(3) ARMY INSTITUTIONAL LOGISTICS (FORCE MANAGEMENT). The MEDLOG in this arena centers on the Army major processes of Force Management and Force Integration, including the Tri-Service arena as part of the MHS. Major functions include:

- ◆ MEDLOG policy; planning, programming and budgeting;
- ◆ Requirements determination; Acquisition logistics and lifecycle management of medical materiel and equipment, MEDLOG information systems, and healthcare facilities;
- ◆ Field medical systems maintenance, sustainment, and recapitalization; and
- ◆ Force projection and force sustainment programs support.

Principal MEDLOG organizations at the Institutional Army are the:

- ◆ Office of The Surgeon General
- ◆ U.S. Army Medical Command
- ◆ Regional Medical Commands
- ◆ AMEDD Center and School, and
- ◆ U.S. Army Medical Research and Materiel Command

In addition, the USAMMA, USAMMDA, and USAMMCE also operate at this Force Management level.

(4) DEFENSE LOGISTICS (WHOLESALE). Defense MEDLOG serves as a national provider and supports sister Services and Army missions and organizations. Primary functions at the wholesale level are:

- unique items;
  - ◆ Wholesale Supply, including inventory management of military
  - ◆ Development and fostering of a variety of commercial materiel acquisition strategies; contract services;
  - ◆ Transportation and distribution; and
  - ◆ Force sustainment support to the Theater of Operations

MEDLOG organizations include the DSCP and DLA depots.

## **2-2. ARMY TRANSFORMATION/MEDICAL LOGISTICS SUPPORT “ARMY AT WAR”/AMEDD MODULARITY/PLANNING, PROGRAMMING, BUDGETING, AND EXECUTION (PPBE)/ARMY RESERVE FORCE GENERATION**

a. Army/AMEDD priorities drive how the USAMMA pursues its mission and vision. In addition to fighting the Global War on Terrorism (GWOT), the Army is conducting its most comprehensive transformation of forces since early World War II. Specifically, the Army Campaign Plan (ACP) and Army Force Generation (ARFORGEN) provide direction for the full range of tasks necessary to achieve these goals and provide relevant and ready forces including:

- ◆ Restructuring the force,
- ◆ Creating modular capabilities, and
- ◆ Obtaining optimal balance between AC and RC force structure.

b. These endeavors, combined with tighter budgets, are the major factors influencing Army/AMEDD priorities. Accordingly, these priorities form the basis for USAMMA’s fielding schedule, Management Decision Package (MDEP) funds execution, and Program Objective Memorandum (POM) requirements.

## **2-3. THE U.S. ARMY MEDICAL MATERIEL AGENCY (USAMMA)**

a. To understand the USAMMA’s roles and organizational position in the military, it is important to understand our principal stakeholders and parent commands. At the highest level is Army Medicine; closer to home is our parent command.

b. The Army Medical Department (AMEDD) consists of Army-fixed hospitals and dental facilities; preventive health, medical research, development and training institutions; and a veterinary command that provides food inspection and animal care services for the entire Department of Defense (DOD). Directing the Army Medical Department is the Army’s Surgeon General who also serves as the Commanding General, United States Army Medical Command. In these capacities, The Surgeon General-Commanding General has the dual responsibility of advising the Army’s senior leaders on health matters and conducting Army staff actions, as well as managing one of the largest, most complex healthcare delivery systems in the world.

c. The USAMMA’s parent command, the U.S. Army Medical Research and Materiel Command (USAMRMC), is located at Fort Detrick, Maryland, approximately 60 miles northwest of Washington, DC. This multifaceted command serves as the

Army's medical materiel developer and logistics manager for the execution of crucial materiel support missions. USAMRMC performs its important medical research and materiel missions through its many organizations located in the United States and around the world.

d. The USAMMA is a unique and multifaceted organization that acts as the Army Surgeon General's central focal point and Executive Agent for strategic medical logistics programs and initiatives. The Agency's mission is to enhance medical logistics readiness throughout the full range of military health service support missions worldwide, develop and implement innovative logistics concepts and technologies, and advance medical logistics information and knowledge. Accordingly, the USAMMA's principal skills and technologies focus on the medical logistician's role in lifecycle management, sustaining and modernizing the medical force (Active, Guard, and Reserve), supporting exercises and contingency operations, and promoting medical logistics information and knowledge. The Agency's three-core competencies described below are those business products and services that support our mission and collectively define the Agency's unique contribution within the AMEDD.

e. The USAMMA's core competencies are:

(1) **Acquisition and Lifecycle Management of Medical Materiel.** The USAMMA provides acquisition and related force management expertise as the materiel developer for commercial and non-developmental items, manager for integrated acquisition logistics, and logistician for medical materiel life cycle management in support of combat health services (TOE) and medical treatment facilities (TDA). Force Management is the capstone process involving all processes associated with establishing and fielding combat-ready Army units. This process requires the USAMMA to coordinate and manage a multitude of issues, including:

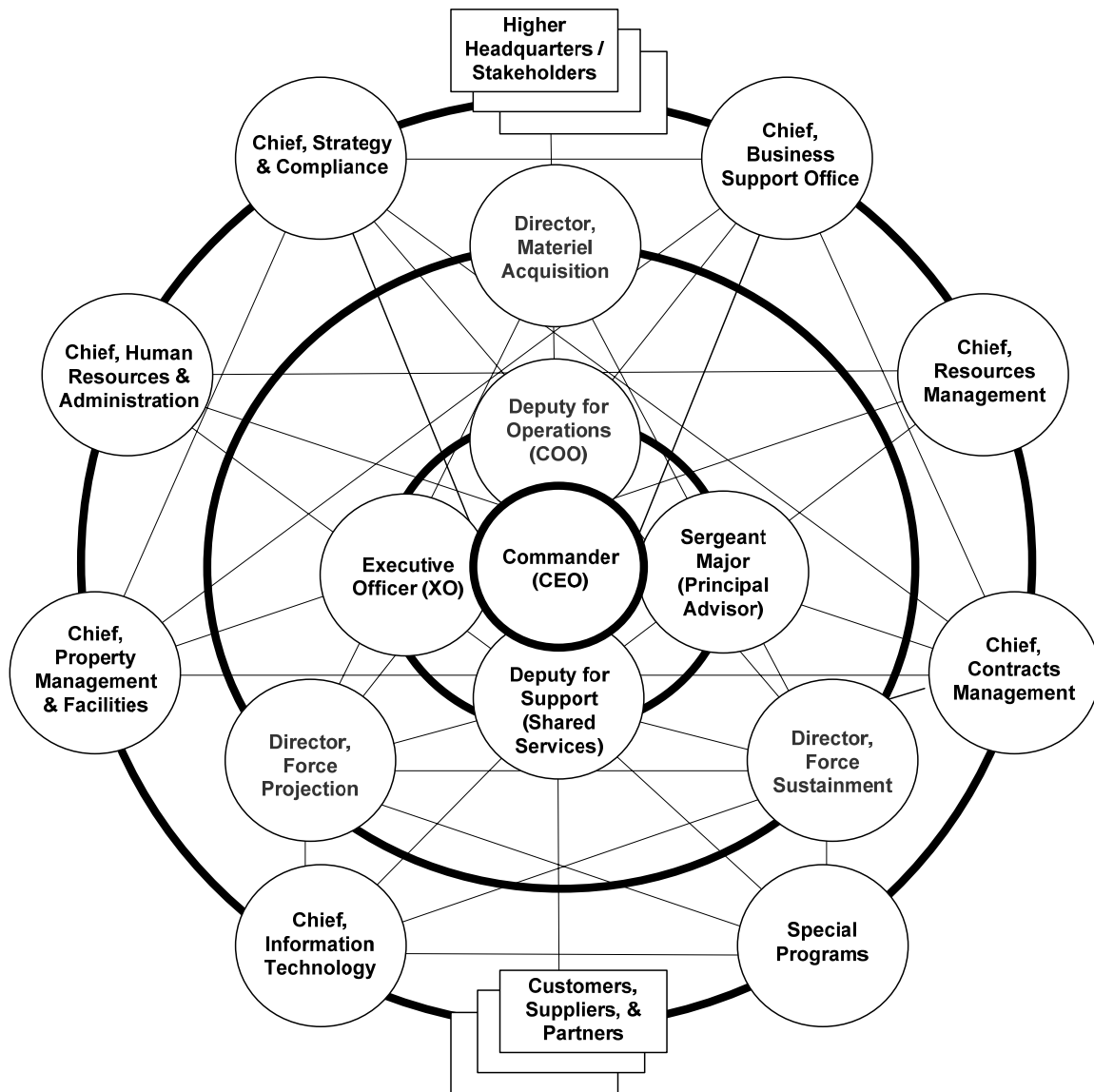
- ◆ Materiel Acquisition Logistics;
- ◆ Management of AMEDD Sets, Kits, And Outfits (SKOS);
- ◆ Materiel Release, Fielding and Transfer;
- ◆ Integrated Logistics Support;
- ◆ Program Objective Memorandum Build and Management Decision Package Execution;
- ◆ Medical Treatment Facility Support and Services;
- ◆ Technology Watch; and
- ◆ Medical Maintenance Management and operations.

(2) **Force Projection and Force Sustainment.** In the realm of force projection, the Agency centrally manages several Army and OTSG readiness programs. These programs include the acquisition, storage, distribution and transfer of prepositioned stocks located ashore and afloat, as well as medical chemical defense packages and short shelf life pharmaceuticals and other materiel. Integral to this support are partnerships with defense organizations and industry. The USAMMA also supports deployable medical logistics support teams. Within the area of force sustainment, the USAMMA is constantly exploring and employing innovative methods to meld automated information technologies with logistics and transportation best-business practices. Such focused logistics initiatives provide more efficient and accurate ways to deliver and manage precision packages and biomedical maintenance capabilities.



### (3) Medical Logistics Data, Information, and Knowledge

**Management.** The USAMMA creates/obtains, synthesizes, shares, and enhances a wide array of medical logistics data, information, and knowledge to improve individual and organizational performance while satisfying stakeholder customers. Further, the USAMMA performs DOD/DA functions such as the Unit Assemblage (UA) database management, cataloging, Department of Defense Medical Materiel Quality Control (DOD-MMQC) message management, automated information system management, and logistics evaluation and analysis. These functions result in numerous internal and external products that promote knowledge sharing and provide tools and techniques that enhance the efficiency and economy of the U.S. Army.



f. The USAMMA's organizational structure consists of the following Directorates and separate offices:

- ◆ USAMMA COMMANDER
  - Sergeant Major
  - Executive Office
  - Executive Assistant
- ◆ DEPUTY COMMANDER FOR OPERATIONS
  - Force Sustainment Directorate
  - Materiel Acquisition Directorate
  - Force Projection Directorate
- ◆ DEPUTY COMMANDER FOR SUPPORT
  - STRATEGY & COMPLIANCE
  - FACILITIES & PROPERTY MANAGEMENT DIVISION
  - RESOURCE MANAGEMENT DIVISION
  - HUMAN RESOURCES/MANPOWER & TRAINING DIVISION
  - INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY
  - BUSINESS SUPPORT OFFICE
  - CONTRACT MANAGEMENT DIVISION

g. Contact the appropriate office through the Internet website at:  
**<http://www.usamma.army.mil>**.

#### **2-4. DEPUTY COMMANDER FOR OPERATIONS (MCMR-MMO/DCO)**

a. The Office of the Deputy Commander for Operations (DCO) was developed as part of the USAMMA's 2005 reorganization. The reorganization was in an effort to provide executive level leadership, management, and oversight of the Force Sustainment, Materiel Acquisition, and Force Projection Directorates and re-establish the Agency's Logistics Readiness arm. The USAMMA's DCO serves as the Agency focal point for all USAMMA operations (internal and external) and represents the Commander, in his absence, on all matters pertaining to the USAMMA.

b. The DCO is also responsible for oversight of the Agency's Medical Logistics Management Internship Program as well as USAMMA's newly established Logistics Readiness Division.

#### **2-5. MATERIEL ACQUISITION DIRECTORATE (MCMR-MMO-A)**

a. The Materiel Acquisition Directorate (MMO-A) serves as the AMEDD's acquisition and total lifecycle logistician. This Directorate is responsible for managing commercial-off-the-shelf medical materiel in support of both deployable (TOE) and fixed (TDA) healthcare delivery systems worldwide.

b. MMO-A also serves as the AMEDD's focal point for Acquisition Logistics Support/Sustainment for lifecycle management of commercial and non-developmental medical materiel and sets, including the following:

- ◆ Maintenance Planning
  - ◆ Supply Support
  - ◆ Support Equipment
  - ◆ Training and Training Support
  - ◆ Packaging, Handling, Storage & Transportation
  - ◆ Technical Data (e.g., IETMs & MARC)
  - ◆ The Medical Care Support Equipment (MEDCASE), SuperCEEP, and the Management Decision Package “FL8D” Other Procurement, Army (OPA) Requirements and Execution Programs.
  - ◆ The AMEDD Class VIII Secondary Inventory Control Activity (SICA) and Tri-Service focal point for all aspects of medical (and some non-medical) cataloging of supplies and equipment.
  - ◆ The integration and migration of medical technology for TDA facilities as the proponent for the Technology Assessment and Requirements Analysis (TARA).
- c. *SB 8-75-MEDCASE* (20 March) and *SB 8-75-S5* (20 May) are dedicated entirely to the missions and functions of DA-level programs utilizing the Defense Health Program (DHP) guidelines for equipment acquisition procedures for AMEDD health care treatment facilities.
- d. For additional information contact, USAMMA, ATTN: MCMR-MMO-A, Fort Detrick, MD 21702-5001; telephone DSN 343-4329 or 301-619-4329.

## **2-6 FORCE PROJECTION DIRECTORATE (MCMR-MMO-P)**

a. The Force Projection Directorate (MMO-P) serves as the USAMMA Commander's lead for Class VIII centralized program management, security assistance program oversight, customer relation's management, situational awareness, and organizational security. Responsibilities also include the full range of planning, programming, budgeting, maintaining, and contractual obligations for the materiel to support these programs. Plans and coordinates with DoD, DA, DLA, AMC, Services, and other organizations on matters pertaining to functions in support of these programs.

b. The MMO-P as a Deputy and two distinct Divisions. The Deputy Director assists the Directorate in the oversight of all MMO-P programs. The Deputy is responsible for all Directorate administration, personnel actions, automation management, programming and budgeting, requirements determination, and security assistance (i.e., Foreign Military Sales).

c. The two Divisions include Centralized Contingency Programs (MMO-PM) and Current Operations (MMO-P).

(1) MMO-PM is responsible for the management of the Class VIII portion of the Army Prepositioned Stocks (APS) program, Medical Chemical Defense Materiel (MCDM) program, Reserve Component Hospital Decrement (RCHD) program, and Unit Deployment Program (UDP). This office also assists the Directorate in the Planning, Programming, Budgeting, and Execution (PPBE) in support of these programs.

(2) Additional information on USAMMA Class VIII centralized programs is located in the *DA SB 8-75-S7* (dated 20 July 2006).

(3) The Current Operations Division (MMO-PO) of this Force Projection Directorate is the single point of entry into the organization for the customer inquiries and other staff elements. The Current Operations Chief manages the organization's Emergency Operation Center (EOC) in support of contingency operations. Current Operations is the Agency's gatekeeper for taskings and training management. They assist the USAMMA Commander with situational awareness to ensure timely support to the Warfighter. They are the Agency's lead for all security matters.

d. To contact the EOC for customer inquiries or other information, please phone DSN 343-4408 or Commercial 301-619-4408; email to NIPRNET is [usammaeoc@amedd.army.mil](mailto:usammaeoc@amedd.army.mil), or SIPRNET [jadethrs@force1.army.smil.mil](mailto:jadethrs@force1.army.smil.mil). The USAMMA mailing address is:

USAMMA  
ATTN: MCMR-MMO-P  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001

## **2-7. FORCE SUSTAINMENT DIRECTORATE (MCRM-MMO-S)**

a. The Force Sustainment Directorate has principal responsibility in the domain of Army force management. Specifically, MMO-S is responsible for the worldwide introduction, sustainment, and reclamation of medical Sets Kits and Outfits (SKOs) and individual medical equipment items for the Army medical force (Active, Reserve, and National Guard Components). This includes the building and distribution/fielding of medical assemblages, depot operations, and operational support of the Army Medical Units, management of actions relating to assembly of sets, fielding, and follow-on logistics support for medical systems and equipment to ensure combat ready forces in peacetime.

b. Functions and accountabilities of the directorate are:

- ◆ FORCE MANAGEMENT.
- ◆ AMEDD MATERIEL READINESS MISSIONS IN SUPPORT OF ACTIVE, RESERVE, AND NATIONAL GUARD UNITS.
  - ◆ ASSEMBLY BUILDS.
  - ◆ MEDICAL MAINTENANCE OPERATIONS.
  - ◆ MEDICAL EQUIPMENT CONVERSION.
  - ◆ FOLLOW-ON SUPPORT FOR NEW ITEMS AND SETS.
  - ◆ PARTICIPATES IN THE AMEDD MATERIEL ACQUISITION PROCESS AS THE LOGISTICIAN AND READINESS COORDINATOR IN COORDINATION WITH THE FORCE PROJECTION DIRECTORATE.
- ◆ SERVES AS A VOTING MEMBER AT IN-PROCESS REVIEWS (IPR), TEST INTEGRATION WORK GROUPS (TIWG) FORCE INTEGRATION WORKING GROUPS, AND JOINT WORKING GROUPS.
- ◆ SERVES AS A PRIMARY MEMBER OF THE ORGANIZATIONAL INTEGRATION TEAM IN FIELDING OF MAJOR MEDICAL SYSTEMS.

c. In addition, MMO-S provides a variety of actions during Force Deployment and Force Sustainment operations, as well as support of the Army's transformation that includes current Force Design Updates (FDUs), i.e., Brigade Combat Teams and Divisional Unit Fieldings. The Distribution Operations Center and the Reserve Component Liaison responsibilities also reside within the MMO-S.

d. The *SB 8-75-S4* dated 20 April is dedicated primarily to the mission and functions of the TOE and Field Medical Logistics.

e. For additional information contact, USAMMA, ATTN: MCMR-MMO-S, Fort Detrick MD 21702-5001; telephone DSN 343-4310 or 301-619-4310.

## **2-8. DEPUTY COMMANDER FOR SUPPORT (MCMR-MMA)**

a. The Deputy Commander for Support (DCS) provides executive level administrative management and oversight of centralized support for the USAMMA.

b. Primary responsibilities of the DCS include:

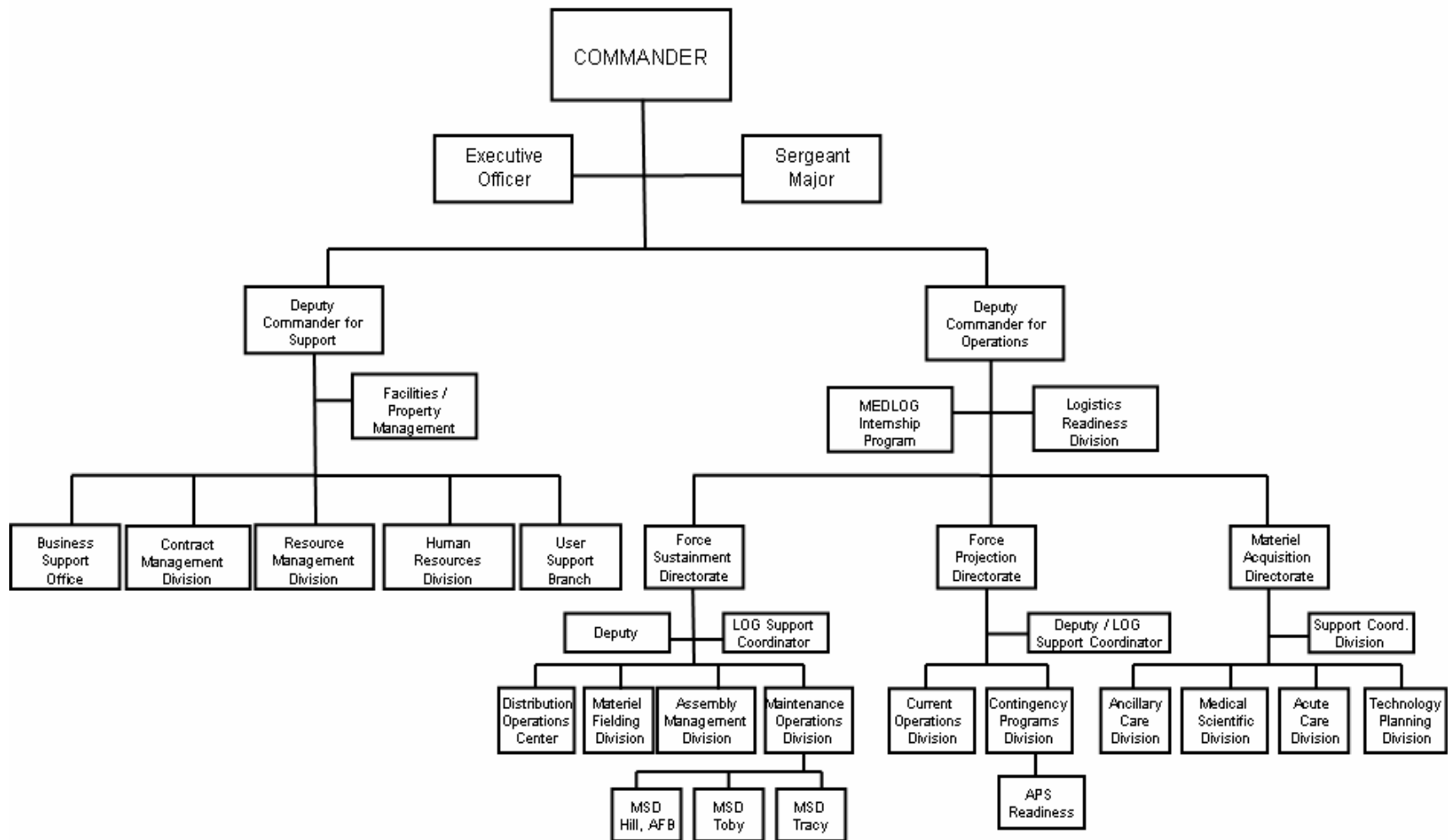
- ◆ AGENCY-WIDE STRATEGIC PLANNING AND PERFORMANCE MANAGEMENT,
- ◆ CORPORATE COMPLIANCE & MONITORING,
- ◆ HUMAN RELATIONS/MANPOWER/TRAINING & ADMINISTRATION,
- ◆ RESOURCE MANAGEMENT,
- ◆ INFORMATION MANAGEMENT/INFORMATION TECHNOLOGY,
- ◆ CONTRACT MANAGEMENT,
- ◆ BUSINESS SUPPORT FOR THE AGENCY'S ENTERPRISE SYSTEM, AND
- ◆ FACILITIES/PROPERTY MANAGEMENT.

c. The DCS group exists as an enabler through the delivery of relevant and responsive shared services across all facets of the organization.

## **2-9. ORGANIZATIONAL DIAGRAM**

Located on page 2-10 is the 2006 USAMMA Organizational diagram. This diagram reflects the most current structure of new office names and the recent reorganization.

# USAMMA 2007 Organizational Chart



## CHAPTER 3. MEDICAL LOGISTICS PROGRAMS

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### 3-1. CENTRALLY-MANAGED PROGRAMS - SUPPLY CLASS VIII

a. The DA has established specific programs to support contingency operations as part of its overarching strategic mobility program and the APS is one of them. Complementing the APS program is the OTSG's Contingency Stocks that support areas not covered by the APS.

b. The DA DCSLOG owns APS materiel. The DA directed that AMC manages the non-SC VIII and OTSG manage the SC VIII. OTSG delegated the responsibility for SC VIII to the USAMMA. HQDA authorizes the approval of the release of APS stocks. Once released, AMC/ USAMMA will direct movement as necessary. Program elements within APS are:

- ◆ Brigade/Unit Sets
- ◆ Operational Projects
- ◆ Army War Reserve Sustainment

(1) Overall APS Program Management, contact the USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-4518 or 301-619-4518.

(2) APS-1 (CONUS) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-6901/4518 or 301-619-6901/4518)

(3) APS-2 (Europe) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-6901/4518 or 301-619-6901/4518).

(4) APS-3 (Afloat) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-4430 or 301-619-4430).

(5) APS-4 (Korea and Japan) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-4430/4518 or 301-619-4430/4518).

(6) APS-5 (Bahrain, Kuwait and Qatar) contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001 (telephone DSN 343-6901/4518 or 301-619-6901/4518).

c. OTSG owns contingency stock materiel. The USAMMA centrally manages various programs elements. OTSG authorizes the release of the OTSG contingency stock. Program elements are:

- ◆ Medical Chemical Defense Materiel (MCDM)
- ◆ Unit Deployable Packages (UPD) Medical Potency & Dated (P&D) Materiel
- ◆ Reserve Component Hospital Decrement (RCHD)

For additional information pertaining to the USAMMA's SC VIII Centrally Managed Programs, contact any of the offices in the following list:

(1) For MCDM Program, contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-4306 or 301-619-4306/4412.

(2) For Centrally Managed Medical P&D Program, contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-4461 or 301-619-4518/4461.

(3) For RCHD Program, contact USAMMA, ATTN: MCMR-MMO-PM, Fort Detrick, MD 21702-5001; telephone DSN 343-47353/4412 or 301-619-7353/4412.

d. The *SB 8-75-S7* (20 July) contains in-depth information about the APS and Centrally Managed Programs.

### **3-2. INTEGRATED LOGISTICS SUPPORT**

a. The USAMMA ensures Integrated Logistics Support (ILS) for medical equipment provided to Table of Organization and Equipment (TOE) medical units. Since Operation Iraqi Freedom (OIF) began, the USAMMA has concentrated on ensuring support for new equipment items to include:

- ◆ packaging
- ◆ system configuration
- ◆ training analysis
- ◆ supply and equipment support
- ◆ technical data
- ◆ test, measurement, and diagnostic equipment (TMDE)
- ◆ maintenance planning

b. The support plan provides details on the clinical applications of the item and on the strategy for acquisition. In most cases, equipment is tested for clinical and environmental capabilities in realistic operating scenarios. A detailed test plan is developed to evaluate transportability, environmental extremes, and operational characteristics, e.g., analyzing performance in high heat and humidity or ability to withstand rough travel on a military truck without ruining sensitive electronics. The most viable and cost-effective test organization, such as the U.S. Army Medical Materiel Developmental Activity, the Aberdeen Test Center (Aberdeen, Maryland) or the AMEDD Board is identified and a close relationship established to ensure the items are properly tested to meet Army requirements.

c. The USAMMA also evaluates medical equipment for obsolescence that is currently used by the U.S. Army. Equipment is periodically analyzed to determine if manufacturer support is still available or if the item falls into one of two categories:

- ◆ Non-supportable, Non-sustainable, and Obsolete Items (NNI)
- ◆ AMEDD Limited Support Items (ALSI)

NNI designates an item that is no longer supported by any commercial or federal agency. ALSI designates an item that is no longer supported by the manufacturer but can still be supported by the U.S. Army through parts stocks or cannibalization of parts from similar items. Items designated NNI and ALSI are prioritized for replacement, and a market investigation is initiated to identify the appropriate replacement technology or device.

c. The *SB 8-75-S5* contains in-depth information about Integrated Logistics Support, Materiel Acquisition, and similar topics.



d. For additional information contact, USAMMA, ATTN: MCMR-MMO-A, Fort Detrick MD 21702-5001; telephone DSN 343-4330 or 301-619-4330.

### **3-3. LOGISTICS ASSISTANCE PROGRAM (LAP)**

a. The USAMMA is revamping its AMEDD Logistics Assistance Program (LAP) to focus on vital medical logistics issues affecting the readiness of the deployable medical force. The USAMMA LAP will assist Army Commands (ARCOMS) and unit commanders in analyzing the true readiness posture of their units; and ensure the USAMMA has sufficient medical logistics information to accomplish its missions.

b. The USAMMA's LAP will be conducted in a two-phased operation:

(1) Phase one will focus on identifying those issues that impact the medical logistics readiness of the deployable medical force, and conducting analysis on those issues to provide appropriate measures to alleviate the impact.

(2) Phase two will focus on providing customer-oriented actions that increase medical logistics readiness. The direction and scope of the USAMMA LAP will be continually re-assessed to provide the MACOMs and unit commanders the most appropriate level of support. Characteristics of the LAP are:

- ◆ Provide a means to collect, correlate, assess, and disseminate information on those factors that have been found to result in decreased medical logistics readiness.

- ◆ Provide MACOMs and unit commanders with the technical guidance necessary to resolve medical logistics problems.

- ◆ Identify and provide reports through channels on all medical logistics functions that have been identified as having an adverse impact on medical logistics readiness including supply, maintenance, transportation, personnel, training, organization, systems, and doctrine.

- ◆ Provide improvements and sustain the readiness of medical materiel systems and medical logistics support of Active Army, National Guard, and Reserve Component Forces.

c. The 2006 edition of *SB 8-75-S4* (20 April 2006) will contain in-depth information about LAP and similar topics.

d. For additional information contact the USAMMA, ATTN: MCMR-MMO-L, Suite 100 1423 Sultan Dr, Fort Detrick MD 21702-5001; telephone DSN 343-4308 or 301-619-4308 / 4407.

### **3-4. MEDICAL LOGISTICS MANAGEMENT INTERNSHIP PROGRAM (MLMIP)**

a. The USAMMA has an established 6-month Internship Program for medical logistics officers, warrant officers, senior noncommissioned officers, and DOD civilians working in the medical logistics field. This program, offered biannually, provides an overview of the support health care environment focusing on medical logistics support, advanced technology, business practices and management techniques, DOD and civilian

health care organizations, DOD and DA systems and processes, and materiel acquisition.

b. The goals of the program are to:

(1) Develop logisticians for strategic-level programs emphasizing Joint and Army readiness;

(2) Provide experience and knowledge concerning leading-edge technology, organizational innovation, and defense acquisition; and

(3) Combine the best of defense and commercial health care logistics business practices.

c. The MLMIP provides the opportunity for individuals to meet both experience and training requirements set forth by the Defense Acquisition Workforce Improvement Act for Level 1 Certification in acquisition-related career fields.

d. For additional information please access the USAMMA website <http://www.usamma.army.mil> (subheading Internship Program) or contact the USAMMA, ATTN: MCMR-MMO, Fort Detrick, MD 21702-5001; DSN 343-7477 or 301-619-7477.

### **3-5. MEDICAL LOGISTICS SUPPORT TEAM (MLST)**

a. The Army Materiel Command (AMC) created the Logistics Support Element (LSE) to address the requirement for a tailor-made unit to provide Reception, Staging, On-ward Movement, and Integration (RSO&I) support of Army War Reserve assets. Individuals from various Army materiel commodity commands staff the LSE. These individuals can be military, civilian or contractor personnel. Representing the AMEDD Class VIII commodity is the USAMMA's MLST.

b. The MLST is a 32- to 50-member team with a variety of skills necessary to facilitate the handoff of pre-positioned medical materiel and non-medical Associated Support Items of Equipment (ASIOE) at a port or land-based facility in any theater. This materiel includes Army Pre-position stocks and other materiel included in TSG contingency programs. Functions of the MLST include command and control, medical maintenance, general maintenance, fielding of materiel, automation support, and contracting support. The skills found within the MLST include medical supply, automation specialist, medical maintenance, and general maintenance technicians. This team is comprised of soldiers, DA Civilians, and fielding contractors. This team can deploy on short notice to any theater.

c. The MLST will normally operate in direct support of the AMC LSE. Once the MLST completes the transfer of APS assets, it will redeploy to CONUS or prepare for follow-on missions as directed by the Commander, USAMMA.

d. *FM 100-17-1* details the requirement and responsibilities of the LSE and MLST.

e. *FM 63-11* gives an explanation on RSO&I.

f. *SB 8-75-S7* (20 July – current edition) contains in-depth information about MLST and similar topics.

g. For additional information contact USAMMA, ATTN: MCMR-MMO-SF, Fort Detrick, MD 21702-5001; telephone DSN 343-8572 / 2352 or 301-619-8572 / 2352.

### **3-6. TAMMIS ENTERPRISE WIDE LOGISTICS SYSTEM (TEWLS)**

a. The TAMMIS Enterprise-Wide Logistics System (TEWLS) is a comprehensive business and information technology endeavor centered on the Army Medical Department's (AMEDD) intermediate level logistics enterprise. The major thrust of this transformation is integrating several key elements into a single enterprise solution, or

- ◆ Re-hosting of the legacy Theater Army Medical Management Information System Medical Supply (TAMMIS MEDSUP) capabilities;
- ◆ Incorporating the U.S. Army Medical Materiel Agency's (USAMMA) SAP implementation known as the USAMMA Revolution in Logistics (URL);
- ◆ Developing requisite, new functionality; and
- ◆ Positioning the AMEDD for migration into the Joint Enterprise-Wide Logistics: Medical (JEWL-M).

b. The Commanding General's decision to implement critical intermediate-level capabilities into the URL changes the command's business model from autonomous business units to that of an integrated enterprise. This enterprise would include common business processes and data across the USAMMA, USAMMCE, 6<sup>th</sup> MLMC, USAMITC, and Active/Reserve Army deployable medical logistics organizations. It uses existing enterprise software from SAP resident at the USAMMA and expands it to meet the following overarching goals to:

- ◆ Promote Class VIII data synchronization among TAMMIS databases at USAMMCE and within CENTCOM.
- ◆ Provide interfaces and functionality to enable fulfillment of funded customer supply requisitions.
- ◆ Provide capability to maintain and manage inventories and order fulfillment in multiple locations.
- ◆ Provide capability to use the URL to manage asset visibility of fielded unit sets and equipment.

c. The desired end-state for TEWLS is to re-host TAMMIS from GOTS to COTS as well as migrate it to the DMLSS program. Work completed as part of this effort may become the basis for further extension into the Military Health System allowing for tri-service use (and replacement of significant government developed software at over 150 fixed hospitals worldwide developed under the DMLSS Program Office). That could be limited to inventory, assembly, financial, and master data management or may expand to include property, maintenance, and facility management functionality.

d. For additional information contact, USAMMA, ATTN: MCMR-MMA-DCS, Fort Detrick, MD 21702-5001; telephone DSN 343-6228 or 301-619-6228.

### **3-7. TECHNOLOGY ASSESSMENT AND REQUIREMENTS ANALYSIS (TARA)**

a. In an environment of constrained resources, it is imperative that sound commercial business practices be applied to our capital investment equipment programs. The decision makers at the U.S. Army Medical Command (USAMEDCOM) and the MTF level must have a means of acquiring the management information they need to effectively balance dwindling resources against clinical requirements. The ultimate goal for the TARA program is to establish a standardized methodology for assessing, planning, and pursuing the acquisition of equipment that is the appropriate technology for clinical practices within the AMEDD.

b. As proponent of the TARA, the Materiel Acquisition Directorate (MMO-A), USAMMA, is responsible for coordinating the TARA process and site visits with the facility to be assessed and with the appropriate medical or equipment consultants. The on-site TARA visit consists of four major components:

- Assessment of clinical operations
- Assessment of non-clinical operations
- Assessment of existing equipment for state of technology
- Development of requirements for equipment replacement

c. TARA specifics.

(1) A TARA provides a snapshot of the facility's diagnostic imaging and clinical laboratory processes for the period during which the site survey is conducted. However, the TARA is not intended as a substitute for the facility's own routine evaluation of their operations. Because changes in a facility's strategic vision could alter equipment requirements that fall within the scope of the TARA, the TARA team recommends that the requirements for the MTF be periodically re-evaluated, especially in the event of a major change in mission.

(2) The TARA process primarily assesses Medical Care Support Equipment (MEDCASE), which covers procurements of more than \$250,000, and Super Capital Equipment Expense Program (SuperCEEP), which covers procurements between \$100,000 and \$250,000.

(3) Using the data collected from site visits and from MEDCASE and SuperCEEP program requirements, the TARA team has constructed a database [the Web MEDCASE Requirements and Equipment (WebMRE)] to assist in providing guidance for approving future MEDCASE and SuperCEEP requests. The WebMRE database is used to front load MEDCASE and SuperCEEP requirements for routine replacement of diagnostic imaging systems. The USAMMA Materiel Acquisition Directorate generates MEDCASE and SuperCEEP requirements and assigns an Asset Control Number (ACN) that is sent to the MTF and Regional Medical Command (RMC) for approval. Once approved by the MTF and RMC, the requirement receives 1A approval when it is returned to the USAMMA.

(4) After the system is funded, a Requisition Form (DD Form 1348-6, *DOD Single Line Item Requisition System Document [Manual-long form]*) is submitted. Quotes from the MTF for the system requested (may be the MTF's vendor of choice) must be sent to the USAMMA for final approval. After the USAMMA concurs with the quoted system, the quote is forwarded to the Department of Veterans Affairs or the DSCP for purchase from their schedules.

(5) MPRs submitted for changing mission requirements or expanded business opportunities still require that the facility submit a MEDCASE and SuperCEEP procurement requirement. The justification should be no more than one page and, at a minimum, address the following questions:

- ◆ What is the intended use of the item?
- ◆ Why is the item needed?
- ◆ How will the item be used with other equipment?
- ◆ What are the advantages of the item compared with equipment currently in use or available?
- ◆ Why are these advantages needed?
- ◆ Have specific details been presented regarding cost-benefits, personnel savings or productivity, the enhancement or curtailment of services, frequency or duration of breakdown, or other specific factors that may be relevant?
- ◆ What will be the impact on mission accomplishment if the requested item is not acquired?
- ◆ Is the anticipated workload provided?
- ◆ Has consideration been given to the use of available excess assets to satisfy this requirement?

d. The *SB 8-75-S5* contains in-depth information about TARA, as well as more detailed projects and programs.

e. For additional information contact:

USAMMA  
ATTN: MCMR-MMO-AA  
1432 Sultan Drive, Suite 100  
Fort Detrick MD 21702-5001  
DSN 343-4344 or commercial 301-619-4344

### **3-8. VACCINES**

a. The USAMMA's Force Sustainment Directorate, Distribution Operations Center (MCMR-MMO-SO) is in charge of the Distribution Management of the DoD Anthrax and Smallpox Vaccine Program. It is also the Service Inventory Control Point for the Army's Influenza Virus (Flu) Vaccine. To access additional information, please use the USAMMA website at <http://www.usamma.army.mil/>.

b. The MMO-SO is responsible for, but not limited to, the following:

- Performing the coordinating, temperature monitoring, and reporting on the distribution of the vaccine from the manufacturer to the first level user (recipient).
- Coordinating the shipment and distribution of the vaccines to customers.
- Managing the vaccine databases.
- Performing redistribution management of excess vaccine from one site to another location. This redistribution benefits all the services since it prevents loss of product due to expiration of vaccine, resulting in significant cost savings to the government.

- c. For additional information on Vaccines contact the

USAMMA  
ATTN: MCMR-MMO-SO,  
Fort Detrick, MD 21702-5001  
Telephone DSN 343-3017 / 4320 / 4128 / 7913 / 4318 or  
Commercial 301-619-3017 / 4320 / 4128 / 7913 / 4318  
EMAIL: [USAMMADOC@amedd.army.mil](mailto:USAMMADOC@amedd.army.mil)

For **after hours, urgent issues only**, call: 301-676-1184 or 301-676-0857.

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## CHAPTER 4. GENERAL MEDICAL MATERIEL INFORMATION

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### 4-1. ACQUISITION ADVICE CODE (AAC) 'W' AND 'J' RELATIONSHIPS

a. National stock numbers (NSN) and AAC 'W' are assigned to generic end items of equipment that are initially identified for use. This process provides a method to develop authorization documents, e.g., MTOE and Unit Assemblage (UAs) reports, and for procurement planning (development of essential characteristics). Note: On-hand stocks should never be recorded against AAC 'W' NSNs.

b. As manufacturers are identified, contracts awarded, and items developed, each item is assigned a new NSN with AAC 'J'. Note that the AAC 'J' appears in the Army specific data and not always shown in the DLSC header information. Data plates and container markings reflect the specific NSN for that manufacturer.

c. DOD Army Logistics Systems/Publications further identify AAC 'W/J' relationships through the use of Phrase Codes '3' and 'S':

The Phrase Code '3' is assigned to the actual item manufactured (AAC 'J').

The Phrase Code 'S' is assigned to the generic NSN (AAC 'W').

d. *AR 40-61 (28 January 2005)*, chapter 5, section IV, paragraph 5-23, provides additional requisitioning instructions and information on provisioned medical equipment. Regular updates to *SB 700-20* (Army Adopted/Other Items Selected for Authorization/List of Reportable Items) and the AMDF reflect specific and current items of production data (AAC 'J') as authorized substitutes for the generic end item (AAC 'W') reflected on the requisitioner's authorization document.

e. 'W' & 'J' listings are available via the USAMMA website in the Medical Services Information Logistics System (MEDSILS) database, located and accessible by using the address: [www.usamma.army.mil](http://www.usamma.army.mil).

f. The POC for additional information is the USAMMA, ATTN: MCMR-MMO-AS, Fort Detrick MD 21702-5001; DSN 343-4060 or commercial 301-619-4060.

### 4-2. DEFENSE LOGISTICS AGENCY (DLA) CUSTOMER SUPPORT ASSISTANCE REPRESENTATIVES

a. The DLA is a combat support agency and part of the DOD. They provide supplies to the military services, federal agencies, and allied forces.

b. The headquarters office is located at the DLA, Fort Belvoir, VA; representatives are on duty between 0745 and 1615 (Eastern Time). If a geographic area representative is not at the duty station, call the numbers below for assistance.

c. The single point of contact for information relating to the location and telephone number of HQ DLA Customer Field Representatives can be contacted at 1-877-DLA-CALL (1-877-352-2255). The mailing address is:

Defense Logistics Agency  
 ATTN: DLA Customer Service Representative  
 USMC – Materiel Branch  
 2010 Henderson Rd, Suite 228  
 Quantico VA 22134-5045

d. To contact the Defense Supply Center Philadelphia, or any other DLA support activity for assistance, please call 1-800-352-2255.

#### **4-3. DRUG ENFORCEMENT ADMINISTRATION (DEA) BIENNIAL CONTROLLED SUBSTANCE INVENTORY**

a. The Controlled Substances Act (21 USC 801 to end) requires that each registrant of the DEA conduct a total inventory of all controlled substances once every two years and maintain this inventory for two years.

b. The DEA has granted an exception to all Medical Department Activities (MEDDACs), Medical Centers (MEDCENS) and supported activities of the DA that follow inventory procedures outlined in *AR 40-2* (Medical Treatment Facilities General Administration, 15 Mar 83) and *AR 40-61* (Medical Logistics Policies and Procedures, 28 Jan 05).

c. Activities will continue to conduct and maintain inventories according to Army regulations. This information is the authority for activities to disregard DEA notices to conduct special biennial inventories. Authorized users are currently listed in Table 4-1.

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Table 4-1. AUTHORIZED RECIPIENTS OF  
 CONTROLLED SUBSTANCES - DODAAC REQUISITIONERS

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DODAAC	ACTIVITY
W16BFB, W81F22	IMSA, FT DRUM, NY
W73K83	FT BELVOIR, VA
W16BCY, W801KG	MED ACCT US MIL ACAD, WEST POINT, NY
W22PEZ, W22XTT	IMSA, FT KNOX, KY
W23A74, W80069	MSO, FT GEORGE G. MEADE, MD
W23G1L	USAG, FT DETRICK, FREDERICK, MD
W23MWR, W25MWY	USAMMA, FREDERICK, MD
W25BDZ, W807YG	MED SUP, CARLISLE BKS, PA
W26AAJ, W26MKX	IMSA, FT BELVOIR, VA
W26AL3, W801KF	IMSA, FT EUSTIS, VA
W26AD4, W81AJE	IMSA, FT LEE, VA
W31G1Z	ANNISTON ARMY DEPOT, ANNISTON, AL
W31NWT, W31XV9	IMSA, FT RUCKER, AL
W31POY	MSO, REDSTONE ARSENAL, AL
W33BRA, W33XTL	IMSA, FT BENNING, GA



(continued) Table 4-1. – Authorized Recipients

DODAAC	ACTIVITY
W33DME, W33XWA W33M8S, W33XTF W34GNC, W81B1B W36N0P, W36XTM W37N03, W37XTS	USAH, FT STEWART, GA IMSA, FT GORDON, GA IMSA, FT CAMPBELL, KY IMSA, FT BRAGG, NC IMSA, FT JACKSON, SC
W42NU3, W801EP W44DQ6, W44XTX W45MXE, W81NWX W45NQ8, W45XTR W45PEA, W45XTK	IMSA, FT POLK, LA IMSA, FT SILL, OK IMSA, BROOKE ARMY MED CEN, SAN ANTONIO, TX MSO, FT HOOD, TX MSO, WILLIAM BEAUMONT GH, EL PASO, TX
W51XTP, W51HVA W55C7D, W81CRX W55CWA, W55XTW W58NQ2, W58XTU W61DEW, W801FT	IMSA, FT CARSON, CO IMSA, FT LEAVENWORTH, KS IMSA, FT RILEY, KS IMSA, FT LEONARD WOOD, MO IMSA, RAY BLISS AH, FT HUACHUCA, AZ
W62G2W W67K2Q W68MX4, W808LN W71PEC, W8003K W80FU5, W801A5	SIERRA ARMY DEPOT, HERLONG, CA USPFO WAREHOUSE, UTARNG MADIGAN GEN HOSP, FT LEWIS, WA CON PROP ACCT, WRAMC, WASHINGTON, DC MSO, FT IRWIN, CA
W80KVY W8033C	147 <sup>TH</sup> MEDLOG BN, FT SAM HOUSTON, TX HQ ARMY FORCES, JOINT TASK FORCE BRAVO, APO AA 34042
WT4J8S W80MAX	16 <sup>TH</sup> MEDLOG BN, WAEGWAN, KOREA MAT BR 121 <sup>ST</sup> EVAC HOSP, YONGSAN SOUTH POST, APO AP 96301
W81C4T	MSO, FT WAINWRIGHT, AK
W81EFP W81RNH W90KEW	32 <sup>ND</sup> MEDLOG BN (FWD), FT BRAGG, NC IMSA, REDSTONE ARSNAL, AL COMBAT EQUIPMENT GROUP AFLOAT – USAMMA, GOOSE CREEK, SC
W90M7B W90M7G	HHB 2 <sup>ND</sup> BN 222 FIELD ARTY, UTARNG HHB 1 <sup>ST</sup> BN 145 FIELD ARTY, UTARNG
W90M7W W90M79 W90M8H W90M8P W90M81	HHD 1 BN 19 <sup>TH</sup> SF, UTARNG SPT CO 19 <sup>TH</sup> SF GROUP, UTARNG HHC 211 <sup>TH</sup> AVIATION GROUP, UTARNG TROOP MEDICAL CLINIC, 140 <sup>TH</sup> RTI, UTARNG DET 5 UT STARC MEDICAL DETACHMENT, UTARNG
W91DUX W91QU1	OEF, CAMP ARIFJAN, KUWAIT CITY, KUWAIT SR0003 HQ HHC OEF AWCF SSF, PRINCE HASSEN AF, JORDAN
W91QTU W91R2L WC1JUG	3 <sup>RD</sup> MEDCOM, JORDAN CAMP AS SAYLIYAH, DOHA, QATAR MED SUP ACCT, FT WAINWRIGHT, AK

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(continued) Table 4-1. – Authorized Recipients

DODAAC	ACTIVITY
WK4FDK	USA MED DEPOT, PIRMASSENS, GERMANY
WK4FV1, WK4FV7	USAMMCE, PIRMASSENS, GERMANY
WK4FW0	USAH, LANDSTUHL, GERMANY
WK4FZW	USAH, HEIDELBERG, GERMANY
WK4F3M	USAH, WUERZBERG, GERMANY
WK7Q6R	US EMB, VIENNA, AUSTRIA
WK9GHH	MSO, VICENZA MIL POST, VICENZA, ITALY
WN4Q76	US EMB, ALGIERS
WN5Q77	AMEMB, TUNIS, TUNISIA
WP4Q8G	MILMIS, CO, AMEMB, MONROVIA, LIBERIA
WT0J3Y	AFRIMS, BANGKOK, THAILAND
WT5J0F	USAMEDDAC, JAPAN
WX3JN7, WX3JN8	IMSA, TAMC, HAWAII

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d. For additional information contact:

- HQDA, ATTN: DASG-LOZ, telephone DSN 761-8065 or 703-681-8065.

#### 4-4. EXCESS MEDICAL MATERIEL

a. The USAMMA's Force Sustainment Directorate, Assembly Management Division (MCMR-MMO-SP) is in charge of the Excess Medical Materiel Information. To access additional information, please use the USAMMA website at <http://www.usamma.army.mil/>.

b. For additional information on Excess Medical Materiel contact the USAMMA ATTN: MCMR-MMO-SP, Fort Detrick, MD 21702-5001; telephone DSN 343-4160 or 301-619-4160.

#### 4-5. LOAN OR LEASE OF MEDICAL MATERIEL

a. Policy. Army Regulation (AR) 700-131, *Loan, Lease, and Donation of Army Materiel*, sets forth the policies and procedures for loan of Army materiel to both Department of Defense (DOD) and non-DOD activities of the Federal Government and loan, lease or donation of materiel to non-Federal civilian activities and agencies. It outlines when loans, leases, or donations of Army materiel can be made.

b. Responsibility. The Surgeon General is responsible for loans of medical materiel in accordance with (IAW) Table 2-1, AR 700-131. The Commander, USAMMA, is responsible for approving requests for loan or lease of principal medical end items IAW, AR 700-131 (Table 2-1) and AR 40-61, *Medical Logistics Policies*. The Commander, USAMMA, may approve principal medical end items in wholesale level inventories for loan unless the loan would at any time interfere with issue against the Army Resourcing Priority Listing. In such cases, requests will be

forwarded for approval to Office of the Surgeon General (OTSG), ATTN: DASG-LOZ, 5109 Leesburg Pike, Falls Church, VA 22041-3258. The Commander, USAMMA, may approve minor medical materiel in wholesale inventories for loan.

c. Types of equipment available for loan. Medical materiel available for loan include, but are not limited to, Computer Tomography (CT) Scanners, Deployable Medical Systems (DEPMEDS), ISO Shelters, Non-Medical Associated Support Items of Equipment (ASIOE), Environmental Control Units (ECUs), and Heaters.

d. Duration of loan agreements. Loan agreements with USAMMA are typically one year in length; however, agreements for periods of less than one year, but greater than six months are also available.

e. Submitting requests for loan of equipment. Requests for loans of equipment will be approved or disapproved based on the purpose, duration of the loan, and consideration of the following factors that can take precedence over any loan or lease:

- (1) Military requirements and priorities.
- (2) Stocks and programmed Army requirements.
- (3) Type classification with pending changes.
- (4) Minimum diversion of Army stocks.
- (5) Adequacy of the borrower's resources.
- (6) Availability of alternative sources such as commercial leases.
- (7) Eligibility of the recipient.

Units must complete DA Form 4881-6-R, using DA Form 4881-2-R if more than one item is required and forward with a memorandum of justification, signed by a Colonel (O-6) or higher through command channels to Headquarters, U.S. Army Medical Command (USAMEDCOM) for approval. If a Materiel Fielding Team (MFT) is required to field the materiel, the requesting unit is responsible for travel and per diem expenses (military and civilian) for the initial set up and their return upon termination of the loan agreement. In addition, the requesting unit is responsible for packing, crating, handling, and shipping of materiel from supply source to destination and return. This includes port handling and off loading, if applicable. The requesting unit must pay for the refurbishment cost to bring the equipment back to condition code "B".

f. Points of contact.

(1) The mailing address and point of contact at USAMEDCOM is:

Department Of The Army  
 Headquarters, U.S. Army Medical Command  
 ATTN: MCLO  
 2050 Worth Road  
 Fort Sam Houston, TX 78234-6000  
 POC Telephone: DSN 471-7066

(2) The mailing address and point of contact at USAMMA is:

U.S. Army Medical Materiel Agency  
ATTN: MCMR-MMO-S  
1423 Sultan Drive, Suite 100  
Fort Detrick, MD 21702-5001  
POC Telephone: DSN 343-4448

#### **4-6. MEDICAL MATERIEL QUALITY CONTROL (MMQC) AND MEDICAL MATERIEL INFORMATION (MMI) MESSAGES**

a. DOD MMQC and MMI messages are disseminated via email, and the USAMMA uses Decision Agent software for this purpose.

b. Customers are encouraged to visit the USAMMA's website at <http://www.usamma.army.mil> and register to receive DOD-MMQC and Army MMI messages via email. Additionally, all messages are available for viewing and downloading from our website.

c. For additional information on MMQC/MMI messages contact the USAMMA, ATTN: MCMR-MMO-SO, Fort Detrick, MD 21702-5001; telephone DSN 343-4300 or 301-619-4300.

#### **4-7. REPORTS OF SUSPENDED OR DESTROYED ITEMS**

a. When the USAMMA requires reports of items suspended or destroyed, these reports will indicate specific quantities suspended for each applicable lot number(s) and contract number(s). When several lot numbers under a single contract number are involved, show quantity suspended for each Lot Number.

b. Reports of suspended or destroyed items provide a basis for claims against contractors or assist in determining replacement purchase quantities. This detailed information is essential when warranty clauses are involved and also in those instances when it is necessary for the USAMMA to publish different disposition instructions for various Lots under a single contract number. It is imperative that all activities submit requested reports on or before the given suspense date. If the quantities are not reported by the suspense date, your activity may forego credit/replacement for the suspended materiel.

#### **4-8. RESERVE COMPONENT MEDICAL MATERIEL MANAGEMENT INFORMATION**

a. The Reserve Component Liaison Officer serves as the AMEDD focal point for all aspects of medical materiel readiness that directly affect the United States Army Reserve (USAR). The Liaison Officer is responsible for the coordination of medical equipment fielding, sustainment, and modernization efforts on behalf of Reserve Component medical units. The Liaison Officer also provides input on USAR policy issues, advises the Commander on USAR policy decisions and performs operational and administrative duties in support of the USAR medical force.

b. For additional information about the Reserve Component issues, contact USAMMA, ATTN: MCMR-MMO-SF, Fort Detrick MD 21702-5001; telephone DSN 343-4355 or 301-619-4355.

#### 4-9. SAMPLE DATA COLLECTION (SDC) PROGRAM

a. The Materiel Acquisition Direction utilizes a sample data collection program to collect operational data on targeted medical devices. The program utilizes a comprehensive data collection and analysis program to document equipment characteristics and performance/maintenance trends. The MAD is supplied with customizable reports allowing for proactive responses to changes in medical technology and to underperforming and problematic fielded medical equipment. Utilizing the SDC, the USAMMA is able to supply current, sustainable, cost-effective medical technology to field medical treatment facilities.

b. To obtain a cross-sectional data sample and take advantage of the expertise and functionality of existing staff, a number of sources of data are used to populate the sample data collection database (see Figure 4-1).

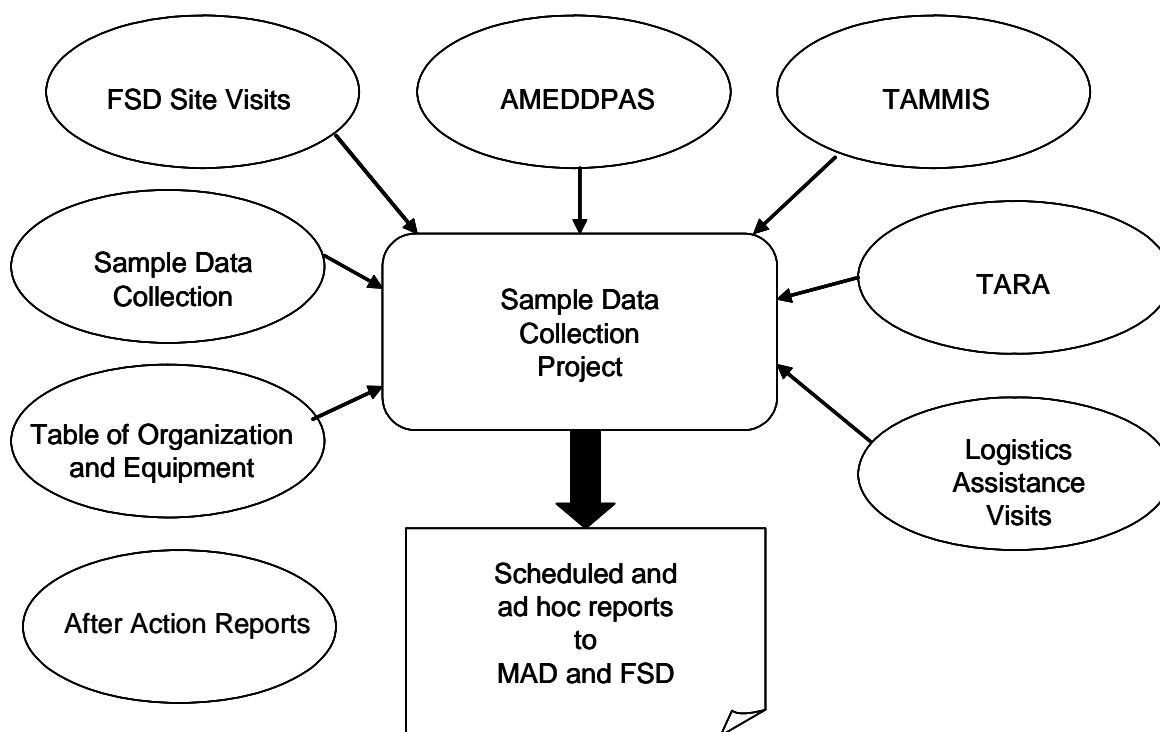


Figure 4-1. Sources of data for sample data collection project

c. Relevant data gathered from the TOE, After Actions Reports (AARs), Force Sustainment Directorate (FSD) visits, Technology Assessment and Requirements Analysis (TARA), and Logistics Assistance Visits (LAV) are manually entered into the SDC database. Data can also be imported from the Defense Medical Logistics Support System (DMLSS) and Theatre Area Maintenance Management Information System (TAMMIS), and Army STAMIS when available.

#### **4-10. UNIT ASSEMBLAGE LISTINGS (UALS) – MATERIAL BILL OF MATERIEL (BOMS)**

a. Unit Assemblages (UAs) [known as medical sets, kits, and outfits] are clinically reviewed and revised by the Army Medical Department (AMEDD) Combat Developer, AMEDD Center and School, Fort Sam Houston, TX, in coordination with the USAMMA's Materiel Acquisition Directorate. The UAs contain multiple components that make up the set. These lists of components are also known as Material BOMs. These revised updated lists are published after the new components are approved and are identified as new versions with a new NSN assigned to the set for procurement and fielding purposes.

b. Once the new versions for these hospital and non-hospital sets are approved, they are published on the USAMMA website, **[www.usamma.army.mil](http://www.usamma.army.mil)**. UA information can be obtained from the website under the block "Medical Unit Assemblages" . The set component data contains the most current catalog data for each materiel component of the sets as well as any maintenance changes to the set, such as deleted or replacement NSNs.

c. Activities will note the new versions are unique to the year they are approved and the year is identified in the set nomenclature. While the LIN for a particular set may remain the same from year to year, the NSN of the set will change each time the UA is updated. For the most accurate UA results, search for the UA listing using the LIN listed on the unit's property book listing. This will provide a list of all UAs under that LIN and you will be able to see if your listing is the most recent one or if there is another, more recent update. Due to this change identified in *DA Army Regulation (AR) 40-61*, Chapter 10, Section II, units will need to identify the sets they are authorized by the LIN and the NSN of the set. The set nomenclature will also display the year of the update.

d. For the non-hospital sets, the Unit Assemblage Code (UAC) was previously identified with an all numeric four digit code, i.e., 0256 Ground Ambulance. Reference paragraph 4-11 below for an update to the numbering convention for non-hospital sets.

e. The hospital sets, known as the Deployable Medical System (DEPMEDS) sets are now published on the USAMMA website. These hospital sets (known as Level 3 sets) are identified with a four-digit UA code, with the first character of the UA code being an alpha character. They are referred to as Medical Materiel Sets (MMS). The units are not required to update their hospital sets until the USAMMA upgrades a unit with a new version, identified with a new NSN and UAC, based on an ARPL-driven, USAMMA-established fielding schedule.

f. For those activities without web access, electronic copies of their UA listings for the approved versions of their sets can be requested. A request should be submitted in writing identifying the set NSN and the LIN to the address at the end of this article. Telephone requests may also be made to the USAMMA Materiel Acquisition Directorate at DSN 343-4309/4315 or commercial 301-619-4309/4315.

COMMANDER, USAMMA  
ATTN: MCMR-MMO-AS  
1423 Sultan Dr., Suite 100  
Fort Detrick MD 21702-5001

#### **4-11. CHANGE TO UNIT ASSEMBLAGE CODES (UAC) FOR NON-HOSPITAL SETS**

- a. A change to the numbering convention for the non-hospitals is being initiated. This change is in support of the requirement that a new UAC is assigned whenever a set is clinically reviewed by the AMEDD Center and School Combat Developer, USAMMA clinicians, and Integrated Logistics Support (ILS) managers.
- b. The USAMMA Materiel Acquisition Directorate has coordinated this UAC change with the Combat Developers at Directorate of Combat and Doctrine Development (DCDD), Fort Sam Houston, TX. The UAC will remain as a 4 digit code, but will have an alpha character in the last position, i.e., the current version of 5256 will become 256A.
- c. This change to the new UACs will take effect 1 January 2007. An announcement identifying the changed UACs will be published on the USAMMA website home page as a "What's New" article in the section dedicated to "Medical Unit Assemblages".
- d. No changes need to be made to either requirements or authorization documents because these use only the Line Item Number (LIN) and National Item Identification Number (NIIN) – the last nine (9) digits of the NSN. This change will make it easier to maintain multiple versions of the same sets. When requesting a supply catalog or updated listing for your unit, continue to reference your set number and NIIN.

#### **4-12. MEDICAL HOSPITAL SET COMPONENT LISTINGS AND FUNCTIONAL DESCRIPTIONS NOW AVAILABLE ON USAMMA WEBPAGE**

- a. USAMMA has added the display and download capability of the Medical Materiel Hospital Sets (also, known as DEPMEDS) to the USAMMA homepage. These component listings reflect the most current version for the hospital sets, the sets with an "N" in the first position of the UAC. Activities authorized the hospital sets will follow the same guidance provided for the non-hospital sets. The users will manage their sets based on the NSN they were fielded. Archived versions, the sets with an "M" in the first position of the UAC, are also provided on the webpage.
- b. Another enhancement to our webpage for sets is the addition of the functional descriptions to assist users of the Combat Support Hospital (CSH). The functional description is a valuable document that identifies the mission capability of the set by LIN.
- c. This information can be displayed by clicking on the graphic (LIN description) legend button that appears on the set NSN when you access the individual CSH component listings by either set NSN or LIN. The webpage also provides a dropdown list by LIN for the functional descriptions. They can be opened and viewed through the complete dropdown list provided under the "Functional Descriptions" search link (option 5) that appears at the bottom of the second screen for Medical Unit Assemblage queries.

#### **4-13. PRE-DEPLOYMENT TRAINING OFFERED**

a. The DoD Biomedical Repair School, Sheppard Air Force Base Texas, offers a two-week pre-deployment training course for Medical Equipment Repairers. The course is an agenda based course with subjects based on feedback from the current theater of operation in SWA. The training is intended for Air Force personnel prior to deployment, and is limited to eight students. A new class starts approximately every two weeks. Vacancies not filled by Air Force personnel are given to Army personnel on a first-come, first-served basis. The course is free; however, attendees must pay for lodging, meals and all transportation cost to and from their home station and at the TDY location. The FY07 per diem rates for Sheppard Air Force Base are \$60 for lodging and \$36 dollars for meals. This course should be considered a component (**not in its entirety**) of our unit's pre-deployment plan for the medical equipment repairers.

b. The first week of training is geared towards high maintenance items such as the Impact 754M ventilator, Zoll Defibrillator, the Piccolo Chemistry Analyzer and other items based on input from the theater. The second week of training deals primarily with preventive maintenance, troubleshooting and repair of the Expeditionary Deployable Oxygen Concentrator System (EDOCS) model 120.

c. For more information about the course or how to attend please call the Army senior instructor at Commercial 940-676-8190.



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By Order of the Secretary of the Army:

PETER J. SCHOOMAKER  
*General, United States Army*  
*Chief of Staff*

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*Administrative Assistant to the*  
*Secretary of the Army*

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